## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	K87494
	INCITOT

1. Entity Name

VIC MONTE TRANSMISSIONS, INC.



## FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90367 021 \*\*\*150.00

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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE AGRAMONTE, APRIL 624 17TH AVE WEST BRADENTON FL  TITLE 10. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE 10. ARE STREET ADDRESS 10. TY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE 10. Change   Addition 10. AGRAMONTE, APRIL 10. ARE STREET ADDRESS 10. TY-ST-ZIP 10. Change   Addition 10. Addition 10. AGRAMONTE, APRIL 10. Change   Addition 10. AGRAMONTE, APRIL 10.							<b>'</b> .				
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Server Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named critity submits this statement for the nurpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of Florida. I am familiar with, and soccept the originators of registered agent, or both, in the State of	Brade	nton, FL			· -	F1=	4.	FEI Number 65-0545759			•
MONTGOMERY, DAVID PAUL, ESQUIRE 2103 MANATEE AVENUE W. BRADENTON FL 34205  City  FL  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Chieck Payable to Florida Department of State  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS IN 11  III.E  AGRAMONTE, APRIL  SIRET AUDRES  CITY-51-29  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	Zip	Country	3	4205	Coun	try	5.	Certificate of Status Desired		8.75 Add	ditional
MONTGOMERY, DAVID PAUL, ESQUIRE 2103 MANATEE AVENUE W. BRADENTON FL 34206  6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE		6. Name and Addr	ess of Current Register	ed Agent			7.	Name and Address of New F	legistered A	gent	
2103 MANATEE AVENUE W. BRADENTON FL 34206  Sircol Address (P.C. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  S. The above named entry submits inis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligation obligation of the obligation of the obligation of the obligatio						Name					
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature											
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After May 1, 2003 Fee will be \$550.00 May Be Added to Feese Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name	e of registered agent and title if app	olicable. (NOTE	: Registere	d Agent signature requ	íred when r	einstating)	DATE		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.